

x-rays, manipulations, and modalities shall be one thousand dollars (\$1,000) per fiscal year.

- o. Foot Surgery: All foot surgery on bones and joints in excess of one thousand dollars (\$1,000), except for emergencies, shall require prior approval from the Claims Processor.
- p. Outpatient Diabetes Self-Care Programs: Charges, not to exceed three hundred dollars (\$300.00) per fiscal year, when determined to be medically necessary by an attending physician and approved by the Executive Administrator and Claims Processor as meeting the standards of the National Diabetes Advisory Board for patients with a medical history of diabetes, provided such charges are incurred in a medically supervised facility.
- q. Necessary medical services provided to terminally ill patients by duly licensed hospice organizations, when directed by the attending physician and approved in advance by the Claims Processor and the Executive Administrator.
- r. Occupational Therapy: Recognized forms of occupational therapy provided by a doctor, hospital, or by a licensed professional occupational therapist to restore fine motor skills for the resumption of bodily functions."

(l) Effective October 1, 1989, G.S. 135-40.7A(b) reads as rewritten:

"(b) Notwithstanding any other provisions of this Part, the maximum benefit for each covered individual for treatment of chemical dependency is as follows:

30 Consecutive Days	\$ 3,900
Fiscal Year	6,500 — \$ 8,000
Lifetime	20,000 — 25,000

Daily benefits are limited to ~~one hundred thirty dollars (\$130.00)~~ two hundred dollars (\$200.00) except for medical detoxification treatment under rules established by the Executive Administrator and Board of Trustees."

(m) Effective July 1, 1986, G.S. 135-40.8(a) reads as rewritten:

"(a) For the balance of any fiscal year after each eligible employee, retired employee, or dependent satisfies the cash deductible, the Plan pays ninety percent (~~95%~~) (90%) of the eligible expenses outlined in G.S. 135-40.6. The covered individual is then responsible for the remaining ten percent (10%) until three hundred dollars (\$300.00), in excess of the deductible, has been paid out-of-pocket. The Plan then pays one hundred percent (100%) of the remaining covered expenses."

(n) Effective October 1, 1986, G.S. 40.8(b) reads as rewritten: